



Department of Administrative Services
State of Georgia Job Description

Automobile Insurance Program Specialist

Job Code: 61305

Pay Grade: 16

Salary Range: \$37,901.28 - \$66,425.52

Job Description, Responsibilities, Standards, and Qualifications

Job Description:

Under limited supervision, interprets and applies automobile insurance policies and applicable laws in the adjustment of automobile claims for the state of Georgia. Determines whether claims are covered, monitors the activities of contractors and attorneys involved in the claims process, negotiates claims settlements, and processes claims via an automated system. May supervise lower level staff.

Job Responsibilities & Performance Standards:

1. Develops and applies a strong working knowledge of applicable state policies and statutes related to automobile insurance.

1. Establishes and maintains a current record for each type of policy written by Risk Management.
2. Interprets policies accurately to determine if a claim or the subject of a lawsuit is covered by an automobile physical damage and/or liability policy.
3. Interprets special coverage issues (e.g. police and fire protection immunity) to ensure that applicable state laws are being applied appropriately.
4. Maintains strong knowledge of applicable state laws to make accurate interpretations and decisions related to automobile liability issues.

2. Adjusts assigned claims in accordance with established policies and procedures.

1. Collects preliminary information necessary to initiate the claims process.
2. Makes initial determination of coverage based on policy provisions and available facts.
3. Conducts investigations by phone when feasible in order to minimize processing time and costs.
4. Accurately collects and documents necessary information to determine liability exposure and/or identify and memorialize injury claims.
5. Determines whether the state is liable for losses based on the facts of the case, applicable laws, and policy provisions.
6. Collects and accurately documents necessary information to determine first party auto physical damage amounts to be reimbursed to the insured state entity.

3. Assigns and monitors activities of independent contractors in investigating and/or adjusting auto claims.

1. Assigns an appropriate outside adjustor from approved list to investigate and/or adjust claims, considering factors such as geographic location and expertise of the adjustor.
2. Monitors progress of investigations to ensure that claims are processed in a timely manner.
3. Monitors the quality and timeliness of work performed by independent contractors.
4. Obtains an accurate appraisal of the liability on claims by discussing details of the case with the investigator.
5. Tracks the use of independent contractors and assigns cases in a fair and impartial manner according to established guidelines.

4. Evaluates auto claims investigations to ensure that the investigation is thorough, accurate, and well-documented.

1. Reviews developed investigative material and communicates with employees, investigators, and other applicable parties to ensure that investigation is current and facts are interpreted consistently.
2. Evaluates cases and applies applicable legal principles and statutes to make a final determination on liability claims.
3. Determines whether the developed investigation indicates legal liability and whether a settlement offer should be made.
4. Determines an appropriate monetary value for settlement offer, negotiates offer, and closes claim in a timely manner.
5. Reviews claims files to ensure adequate coverages, adherence to periodic review system, and that reporting requirements are met.

5. Negotiates settlements within a designated dollar amount or denies auto claims for liability.

1. Evaluates relevant case facts to determine whether to deny claims or negotiate settlements.
2. Determines whether auto claim should be settled by telephone or personal contact in accordance with established guidelines.
3. Contacts claimant when the State is liable for loss and offers to settle claim according to established policies and procedures.
4. Evaluates counter offers and determines whether an offer is reasonable according to established guidelines.
5. Identifies auto claim for litigation and notifies management if claim cannot be settled for a reasonable amount.
6. Negotiates lump sum settlements, structured settlements, and represents the state in mediation to determine if a reasonable amount can be agreed to by all parties.
7. Prepares and distributes appropriate claim information related to administrative and investigatory objectives to support the liability decision made on a claim.

- 6. Reviews expense bills submitted by vendors (e.g. attorneys, adjustors, and investigators) and processes payment.**
 1. Develops and maintains current knowledge of various vendor billing rates.
 2. Reviews expense statements submitted by vendors to ensure that expenses are reasonable.
 3. Verifies the reasonableness of time spent on claim by reviewing documentation submitted.
 4. Follows established procedures to issue checks to vendors.
 5. Processes vendor bills and payments in a timely and accurate manner.
- 7. Monitors the activities of attorneys employed to defend auto claims in litigation.**
 1. Requests status update from attorneys on a periodic basis.
 2. Monitors work performed by attorneys and recommends additional legal actions as appropriate.
 3. Attends regularly scheduled meetings with attorneys to discuss serious claims and those coming up on trial calendar.
 4. Evaluates legal status of claim and determines whether to attempt another settlement offer or to proceed to trial.
- 8. Serves as a technical resource and assists in the training of lower level staff and vendors.**
 1. Maintains current industry knowledge in order to act as a resource to staff and vendors by answering questions and providing technical assistance.
 2. Searches for and gathers appropriate training materials such as newly developed case law, notices of continuing education/professional development seminars, conferences, classes, and newsletters related to automobile liability.
 3. Periodically develops and delivers effective training classes for lower level staff and vendors.
 4. Attends and actively participates in appropriate conferences, seminars, etc. and communicates information to others in a clear and concise manner.
- 8. Maintains a consistent, high quality, customer-focused orientation when conducting business and providing services or products to clients, the general public and other external customers.**
 1. Treats customers with respect, courtesy and tact; listens to customer and interacts with customer as a person while maintaining a business relationship.
 2. Communicates with customers and obtains all required information necessary to determine and address their specific needs and tactfully explains why if a service cannot be provided.
 3. Provides clear accurate information in explaining procedures or providing supplemental information while anticipating issues and questions.
- 9. Interacts with all levels of state government in a way that promotes respect, encourages cooperation and contributes to excellent performance.**
 1. Treats all other state personnel fairly, giving no one preferential treatment.
 2. Communicates accurate information to all other state personnel in a professional and courteous manner that conveys a willingness to assist.
 3. Accepts direction and feedback from supervisors and follows through appropriately.
 4. Accepts responsibility for mistakes and takes action to prevent similar occurrences.
 5. Uses appropriate, established channels of communication.
 6. Provides constructive criticism without undue criticism to the recipient.

7. Displays appreciation of the differences in approaches, cultures, personalities, and viewpoints in receiving information from others.
 - 10. Maintains knowledge of current trends and developments in the field by reading appropriate books, journals, and other literature and attending related seminars and conferences. Applies pertinent new knowledge to performance of other responsibilities.**
 1. Attends internal and external education programs and professional meetings as available for continuing professional education.
 2. Attends appropriate seminars and conferences and frequently communicates with a network of other risk management or claims organizations, brokers and private defense attorneys to learn of new developments affecting the insurance industry.
 3. Reads and evaluates professional literature on continual basis, translates complex or technical information into a format that can be understood by others, and distributes as needed.
 4. Incorporates knowledge of pertinent new trend and developments into section policies and procedures. Makes recommendations for any related organizational changes.
 5. Reviews appropriate material in the Risk Management library to obtain required information quickly in order to answer questions on auto physical damage or liability coverages and/or any relevant excess coverages.
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Competencies:

1. Customer Service/Client Orientation (level 3)

- **Completely meets customer expectations.**
 - Sufficiently works and communicates to satisfy clients' needs.
 - Works to understand nature of problem before taking action.
 - Follows up to assure customer satisfaction
 - Remains courteous when faced with disgruntled customers.

2. Negotiation and Influence (level 4)

- **Gains mutual support and buy-in.**
 - Considers others' needs to find agreeable solutions.
 - Uses awareness of varying backgrounds and beliefs in negotiations.
 - Influences others through modeling appropriate behavior.
 - Articulates positions that win acceptance, agreement or behavior change.

3. Conflict Management (level 4)

- **Facilitates to resolve disputes.**
 - Successfully defuses hostile situations.
 - Defuses situations before they escalate uncontrollably.
 - Maintains composure when faced with escalating conflict.

4. Decisiveness (level 4)

- **Makes well-informed decisions.**
 - Makes well-informed decisions utilizing multiple sources of information.
 - Weighs risk against possible gain.
 - Uses formal decision making processes or tools.

5. Collects and Organizes Information (level 3)

- **Uses formal or systematic procedures to collect and maintain information.**
 - Collects information from multiple sources.
 - Identifies needs for information and collects from multiple sources within the organization.
 - Organizes information in clear and easy to access system.
 - Continually updates outdated information.

6. Reasoning (level 4)

- **Simplifies complex information.**
 - Uses multiple rules to analyze and categorize complicated information.
 - Identifies plausible relationships among numerous pieces of information.
 - Thinks through complicated problems to develop multiple solutions.
 - Understands interaction between multiple problems and situations.
 - Sees connections between complex sequences of events.

7. External Awareness (level 3)

- **Maintains awareness.**
 - Maintains awareness of the various external trends and influences that affect the organization.
 - Seeks information on trends and influences from multiple sources.

8. Career Specific Expertise (level 3)

- **Proficient knowledge.**
 - Has proficient knowledge and abilities required fro the job.
 - Independently applies skills in completing job tasks.
 - Stays current on new information that applies to job.
 - Demonstrates a depth of knowledge within a specific area.

Minimum Qualifications:

Completion of a Master's degree from an accredited college or university

and

Two years professional level risk management automobile liability insurance experience as a claims adjustor, claims examiner, or claims investigator which included responsibility for negotiating settlement of claims.

OR

Completion of a four-year degree from an accredited college or university,

and

Four years of professional level risk management automobile liability insurance experience as a claims adjuster, claims examiner, or claims investigator which included responsibility for negotiating settlement of claims.

OR

Eight years of professional level risk management automobile liability insurance experience as a claims adjuster, claims examiner, or claims investigator which included responsibility for negotiating settlement of claims.

Preferred Qualifications:

Preference will be given to applicants who, in addition to meeting the minimum qualifications, possess one or more of the following:

- Degree in Risk Management, Insurance, or a related field (e.g. business administration, actuarial science, etc.)
- Chartered Property and Casualty Underwriter (CPCU) designation from the American Institute for CPCU and Insurance Institute of America organizations.
- Associate in Claims (AIC) designation from the American Institute for CPCU and Insurance Institute of America organizations.